	المستقا فعالوناهما فالهداية المنازات الماحم المتمام مستقل المستقل المستقل المستقل المستقل المستقل المستقل المستقل	The first region we grant to the property of t
PLACE OF BIRTH		
1: County of Gelce	ADITONIA CONTRA	
	ARIZONA STATE BOA	RD OF HEALTH
District of Copper Hice	BUREAU OF VITAL STATISTICS	
Town of	RIGINAL CERTIFICATE OF BIRTH	State Index No.
or	A STATE OF BIRTH	County Registrar No.
City of	MA	Local Registrar No. 256
	W.,	St. Wast
2. Full name of child	irth occurred in a hospital or institution, give Buldenigro,	its NAME instead of street and number)
- The state of child	News out rus it is	i if child is not
To be answered ONLY 14.	Twin, triplet or other	~
births.	No., in order of birth	of birth Dec Sat 1927
	i j (o' . ;	Month day year
Full name PATHER	14.	MOTHER
Full name (Gnulesis Bolden	1970 Full maiden name	
9. Residence Cappur Tiel	[]	Jelita Maning
(Usual place of abode)	15. Residence	0.40 44 11/1/10
If nonresident, give place and state	(Usual place of ab	
10. Color or race	If nonresident, give pla	ice and stated Aug
	16. Color or race	
Menican II, Age at last birthda	39 (Years) Mex	, ₂ , O
MINISTER CONTRACTOR	·7	. Age at last birthday 4 (Years)
12. Bir hiplace (city of place) - W how	· **** P-4/(A 2 1) / / / / / /	· · · · · · · · · · · · · · · · · · ·
(State or country)	18. Birthpiace (city or pla	(ce)
13. Occupation	(State or country)	hurphy le 12
Nature of industry	19. Occupation	
reduce of industry	Nature of industry/	
. Number of children of this mother ((a) Population		1111111111
	alive and now living 21. Were pre	Cauties taken ambus ab
aken as of time of birth of child herein (b) Born rtified and including this child.) (c) Still	l alive but now dead 🕥 thalmia u	comaterum?
CERTIFICATION		ns
hereby certify that I attended the birth of this chi	F ATTENDING PHYSICIAN OR HIDW	IFE*
	(Born alive or stillborn.)	7 P.m. on the date above stated
When there was no attending physician or nidwife, then the father, householder, etc., hould make this return. A stillhern shill	and of actioning	: /
S one that neither break	ture 1416 (1417) 1501	Vision Ton
vidences of life efter bless nor shews other	" Para best DV is	(Physician or midwife)
en name added from Addre		
Month, day, year.	File Jan 31 1028 X	6. Wightman m. D
	Filed .2/8 1928	Lecal Registrar.
Rogistrar,	1920	
$(\mathcal{Y},\mathcal{D})_{n}$	-1251 100	County Registrar.
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